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## BIB DATA SHEET

CONFIRMATION NO. 5671

<b>SERIAL NUMBER</b> 10/829,316	<b>FILING or 371(c) DATE</b> 04/21/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> SDF 04-14		
<b>APPLICANTS</b> Joel R. Studin, Great Neck, NY; <b>** CONTINUING DATA *****</b> This application is a DIV of 10/022,216 12/20/2001 ABN which is a CIP of 09/441,138 11/17/1999 PAT 6,337,076 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 07/08/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/HUMERA N SHEIKH/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Stuart D. Frenkel Suite 330 3975 University Drive Fairfax, VA 22030 UNITED STATES						
<b>TITLE</b> Method and composition for the treatment of scars						
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			